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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): CARLEBACH,
Ephraim et al EXAMINER: MALLARI, Patricia C

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FOR: WAVEFORM INTERPRETER FOR RESPIRATORY ANALYSIS

Mailstop M Correspondence
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450


**POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS
NOTIFICATION**

Sir:

Enclosed please find an executed Power of Attorney and Change of Address Notification for filing in the above referenced patent. Both the Power of Attorney and Change of Address Notification have been signed by the Assignee of the above referenced patent application.

No fee is deemed necessary in connection with this Communication. If, however, any fee is necessary, Applicants hereby authorize the Receiving Office to charge any fee or deficiency in connection with the above-identified Application to Deposit Account No. 50-3400.

Respectfully submitted,


Vladimir Sherman
Attorney for Applicant(s)
Registration No. 43,116

Dated: July 26, 2006

Eitan Law Group
C/O LandonIP Inc.
1700 Diagonal Road, Suite 450
Alexandria, VA 22314
Tel: (703) 486-1150
Fax: (703) 892-4510



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I, the undersigned, am the Assignee of Record for each of the patents and/or patent applications listed in Appendix A (attached hereto), and hereby revoke all previous powers of attorney given in all of the patents and patent applications listed in Appendix A.

I, the undersigned, hereby appoint as my attorney and agent:

Vladimir Sherman (Attorney, Registration No. 43,116)

with full power of attorney, substitution and revocation to prosecute all of the patents and patent applications listed in Appendix A and to transact all business in the Patent and Trademark Office connected with respect to all of the patents and patent applications listed in Appendix A.

Please address all correspondence regarding all of the patents and patent applications listed in Appendix A to:

Eitan Law Group
C/O LandonIP, Inc.
1700 Diagonal Road, Suite 450
Alexandria, VA 22314, USA 22314

Please Direct all telephone calls to (703) 486-1150 and all facsimiles at (703) 892-4510.

Assignee: ORIDION MEDICAL 1987 LTD.

By: Walter Tabachnik / Yacov Burbis

Title: CFO COO

Signature: [Signature]

Date: 26.06.06

ORIDION MEDICAL 1987 LTD



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APPENDIX A

1. US Patent Number 6,656,127
2. US Patent Number 6,428,483
3. US Patent Number 6,997,880
4. US Patent Number 6,422,240
5. US Patent Application Number 10/459,692
6. US Patent Application Number 10/033,387